

Medicaid Quality Improvement and Shared Savings Program (MQISSP)

Quality Measures Development

Webinar 2

July 14, 2015

CT Department of Social Services

Webinar 2 Agenda

Introductions (DSS and Mercer)

Review DSS MQISSP measure selection criteria

PCMH Adult Measures (Pediatric measures reviewed during last webinar)

MQISSP proposed measure set overview

Stakeholder measure suggestions

Discuss next steps (Mercer)

MQISSP Quality Measures

Webinar Schedule

Webinar 2

- Review DSS MQISSP Quality Measure proposed measure set.
- Discuss proposed measures for inclusion

Webinar 3

Date 3-4 weeks

- Review finalized MQISSP Quality Measure set with inclusion of additional under-service measures and strategies to identify under and over utilization patterns.

Reference: DSS MQISSP Measure Selection Criteria

Leverage current PCMH reporting.

Primarily claims based.

Nationally recognized.

Use common CPT and HCPCS codes (not CPT II codes).

Do not have extended look-back periods.

Relevance to Medicaid population:

- Advance Department's emphasis on preventative and primary care.
- Focus on conditions highly prevalent in Medicaid.

SIM proposed measures may supplement the MQISSP measures.

Enhance methods to identify and eliminate under-service utilization.

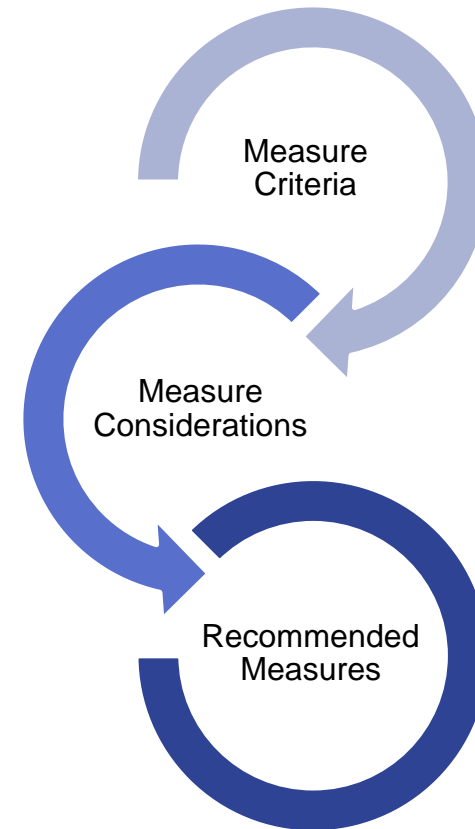
PCMH Adult Measures

Measure	Measure Description	Measure Steward	NQF#	ACO#
Asthma Medication Ratio	The percentage of members 5-64 (19-64 breakout can be used for adult practices) years of age with persistent asthma and had a ratio of controller medications to total medications of 0.50 or greater during the measurement year.	HEDIS	1800	N/A
Diabetes Eye Screening	Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one eye screening for diabetic retinal disease in a two year period.	HEDIS	0055	41
Diabetes HbA1c Screening	Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.	HEDIS	0057	27
ED Usage	Emergency department usage (20 and above can be broken out for pediatric practices). Excludes mental health and chemical dependency services.	HEDIS	N/A	N/A
Hospital Readmissions	Readmission rate within 30 days after discharge. Measure has separate "physical health" and "behavioral health" components (21 and above can be used for adult practices).	Medicaid Medical Directors Network	N/A	N/A

PCMH Adult Measures

Measure	Measure Description	Measure Steward	NQF#	ACO#
Medication Management for People With Asthma	Medication Management for people with asthma age 5-64 (19 and above can be used for adult practices). Percent of patients with <u>persistent</u> asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.	HEDIS	1799	N/A
Member Survey	PCMH CAHPS Survey.	AHRQ/NCQA	N/A	N/A
Post-Hospital Admission Follow-up	Percentage of adults age 21-75 with an inpatient "medical" or psych admission with a claim for post-admission follow-up with a physician, PA, or APRN within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.	DSS	N/A	N/A
Psychiatric Medication Management	Percentage of members 18 and older given a new psychiatric diagnoses, and medication, by a PCP who received a follow-up visit within 30 days.	DSS	N/A	N/A

DSS Proposed MQISSP Quality Measures



Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Adolescent well-care visits	This measure is used to assess the percentage of enrolled members 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.	NCQA		Pediatric Prevention Composite	PCMH Pediatric
Adult ambulatory sensitive condition	14 reasons for hospitalization	AHRQ			
Annual fluoride treatment ages 0<4	Annual fluoride treatment ages 0<4	To be created by DSS			
Annual monitoring for persistent medications	The percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory	NCQA	2371		
Appropriate treatment for children with upper respiratory infection	Percentage of children 3 months to 18 years of age with a diagnosis of URI who were not dispensed an antibiotic medication. A higher rate indicates appropriate care (i.e. the proportion for whom antibiotics were not prescribed)	NCQA	0069		
Asthma Medication Ratio	The percentage of members 5-64 (19-64 breakout can be used for adult practices) years of age with persistent asthma and had a ratio of controller medications to total medications of 0.50 or greater during the measurement year.	NCQA	1800		PCMH Adult and Pediatric
Avoidance of antibiotic treatment in adults with acute bronchitis	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate care (i.e. the proportion for whom	NCQA	0058		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Breast cancer screening	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in a two year period.	NCQA	2372	20	
Cervical cancer screening	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	NCQA	0032		
Chlamydia screening in women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	NCQA	0033		
Developmental screening in the first three years of life. Three age breakouts (ages 1, 2, and 3)	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators	OHSU	1448, also CHIPRA	Pediatric Prevention Composite	
Diabetes eye exam	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed in a two year period.	NCQA	0055	DM All or nothing Composite: ACO-41	PCMH Adult
Diabetes HbA1c Screening	Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.	NCQA	0057	27	PCMH Adult
Diabetes: medical attention for nephropathy	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	NCQA	0062		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis	The percentage of patients 18 years and older by the end of the measurement period, diagnosed with rheumatoid arthritis and who had at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	NCQA	0054		
ED Usage	Emergency department usage (all ages, but 0-19 can be broken out for pediatric practices). Excludes mental health and chemical dependency services.	NCQA			PCMH Adult and Pediatric
Follow-up care for children prescribed ADHD medication	<p>The percentage of children ages 6-12 as of the Index Prescription Start Date (IPSD) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <ul style="list-style-type: none"> • Initiation Phase. The percentage with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance (C&M) Phase. The percentage with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	NCQA	0108		
Frequency of ongoing prenatal care	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: > or =81 percent of expected visits	NCQA	1391		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Human Papillomavirus Vaccine for Female	The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine by their 13th	NCQA	1959		
Medication management for people with asthma	Medication Management for people with asthma age 5-64 (age 5-18 breakout can be used for pediatric practices). Percent of patients with <u>persistent</u> asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.	NCQA	1799		PCMH Adult and Pediatric
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing	NCQA			PCMH Pediatric
Oral evaluation, dental services	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year	American Dental Association	2517		Similar to PCMH Pediatric Annual Dental Exam
PCMH CAHPS	Consumer Assessment of Healthcare Providers and Systems ® CAHPS - PCMH version. Supplemental questions can be added.		N/A		PCMH Adult and Pediatric
Pediatric ambulatory care sensitive condition composite admissions	5 reasons for hospitalization	AHRQ			
Persistence of Beta blocker therapy after a heart attack	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	NCQA	0071		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Plan All-Cause Readmission	NCQA Measure		1768		Similar to PCMH Hospital Readmissions measure
Post-Hospital Admission Follow-up	Percentage of adults age 21-75 with an inpatient "medical" or psych admission with a claim for post-admission follow-up with a physician, PA, or APRN within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.	DSS			PCMH Adult
Prenatal care & Postpartum care	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 	NCQA	1517		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #	Measure Type
Use of imaging studies for low back pain	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).	NCQA	0052		
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Percentage of children and adolescents 1-17 years of age who were on two or more concurrent antipsychotic medications.	NCQA			PCMH Pediatric
Use of spirometry testing in the assessment and diagnosis of COPD	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	NCQA	0577		
Well-child visits in the first 15 months of life	Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. •Six or more well-child visits	NCQA	1392	Pediatric Prevention Composite	PCMH Pediatric
Well-child visits in the third, fourth, fifth and sixth years of life	Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	NCQA	1516	Pediatric Prevention Composite	PCMH Pediatric

Stakeholder Suggestions

Suggested Measure or Quality Area	DSS Comments
Prenatal care	Will be included in proposed MQISSP list.
Postpartum visit	Will be included in proposed MQISSP list.
Antibiotic use for URI	Will be included in proposed MQISSP list.
Antibiotic use for bronchitis	Will be included in proposed MQISSP list.
Smoking/tobacco use and advising to quit (an existing HEDIS measure which we might apply to perinatal)	Will be included as a CAHPS measure under the MQISSP PCMH measure set.
Annual percentage of asthma patients (ages 2-20) with one or more asthma-related emergency department visits.	This measure no longer has a measure steward. DSS is evaluating if it is possible to derive the measure via HEDIS Asthma RRU measure.
Low birth weight, very low birth weight	Data would not be available as it requires birth record data.
Pre-term deliveries	Data would not be available as it requires birth record data.
Elective pre-term deliveries	Data would not be available as it requires birth record data.
Preventable hospitalizations (OHCA definition)	Collection of this measure would require significant resources by DSS. More research needs to be done
Readmissions for preventable complications	Hospital readmissions measure currently included. However, there are no current technical specifications or mechanisms to collect this measure.

Stakeholder Suggestions

Suggested Measure or Quality Area	DSS Comments
Non-urgent ED visits (ME, sort from current measure)	ED usage measure currently included. However, there are no current technical specifications or mechanisms to collect this measure.
Healthcare-associated infections (From CT DPH)	Not specific to primary care and would not be relevant for measurement of a primary care provider.
Perinatal depression screening	Data would not be available as requires EHR or new CPT codes added.
Weight and obesity measures	Data would not be available as requires EHR.
Various cancer screenings	Breast and Cervical cancer will be in MQISSP proposed list.
Influenza vaccinations	Will be included as a CAHPS measure under the MQISSP PCMH measure set.
Pregnancy-related measures	Not specific to primary care and would not be relevant for measurement of a primary care provider.
Behavioral health screenings	Would require EHR or new CPT codes.
Health Disparities	DSS is evaluating this measure; however, denominator size may be a significant challenge for inclusion. In addition, PCMH accreditation standards already include some requirements around health disparities.
C-Section Rate	We currently measure this for the HUSKY Program. However, it is not primary care focused.
Comprehensive Diabetes Care	The components of the HEDIS diabetes measure that derive the bulk of their data from claims have been included in the MQISSP proposed list.
Controlling High Blood Pressure	Requires record review or EHR data
Medication reconciliation at transitions of care	Requires record review or EHR data



Next Steps

Submit comments and feedback to Kate McEvoy, Director, Division of Health Services, Connecticut Department of Social Services (DSS) Kate.McEvoy@ct.gov

Review the finalized MQISPP Quality Measure set in preparation for Webinar 3.